The EMANATE Trial: Apixaban lowers stroke risk during cardioversion

The Eliquis evaluated in acute cardioversion coMpared to usuAl treatmeNts for AnTicoagulation in subjects with NVAF (EMANATE) trial examined Eliquis (Apixaban) versus conventional therapy in patients with atrial fibrillation undergoing cardioversion. In this multicenter, prospective, randomized open-label trial, 1500 anticoagulation-naïve (up to 48 hours of total anticoagulation) patients with atrial fibrillation undergoing cardioversion were randomized to usual dose apixaban versus standard therapy consisting of parenteral heparin and warfarin. Apixaban was given at a dose of 5 mg twice daily or decreased to 2.5 mg twice daily if two of the three conditions were met: age $\geq$ 80 years, weight $\leq$ 60 kg, or serum Cr $\geq$ 1.5 mg/dl. The investigator also could give an initial 10 mg or 5 mg loading dose of apixaban corresponding to the doses of 5 mg and 2.5 mg if the cardioversion was immediate. In the study, there

were no strokes in the 753 patients treated with apixaban compared to 6 strokes in the 747 patients receiving usual care (p=0.01). There were no systemic embolic events in either group. While major bleeds occurred in 3 patients in the apixaban group and 6 patients in the usual care group, significant non-major bleeding occurred in 11 and 13 patients, respectively. There were 2 deaths in the apixaban group and 1 in the usual care group. In the 342 patients receiving a loading dose of apixaban, there were no strokes or systemic embolic events, one death, one major bleed, and four clinically relevant non-major bleeds.